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On 20 October 2020, the CPME Executive Committee adopted the 'CPME response to the public consultation on the integration and inclusion of migrants and people with a migrant background' (CPME 2020/084 FINAL).

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**CPME response to the public consultation on the integration and inclusion of migrants and people with a migrant background**

*The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.*

CPME welcomes the opportunity to provide input to the consultation.

Based on long-standing policies<sup>1</sup>, we wish to highlight the fundamental nature of safeguarding and enabling the right to health in the integration of migrants, refugees and persons with a migrant background to :

*On priorities for EU action*

- Physicians have a moral and ethical obligation to provide the same level of care to all patients, regardless of ethnicity, gender, sexual orientation, skin colour, political status or religion. But in some EU Member States, administrative and financial hurdles, including inconsistencies in benefit eligibility, have impeded access to medical care for newly arrived refugees. Access to healthcare for different categories of refugees remains very varied across the EU. National legislation often differentiates between documented migrants in different stages of the asylum process, and undocumented migrants.
- To create reliable and sustainable healthcare conditions, it is imperative that EU Member States devise and implement solutions which lower the threshold for medical care access for refugees, minimize red tape, expand human and financial resources in the relevant health sector, and untangle medical, administrative, financial and legal accountability among public authorities. This requires a consistent approach at all levels of government and transparency of funding – including at the European Union level.

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<sup>1</sup> Please see in particular the [CPME Statement on Medical Treatment of Refugees](#), adopted in November 2019 and the [CPME Statement concerning the Integration of Refugee Doctors into the European Workforce](#), adopted in November 2018.



- Government authorities at all levels must be called upon to ensure access to adequate healthcare as well as safe and healthy living conditions for all, regardless of immigration status. Political leaders of EU Member States are urged to coordinate medical relief for refugees in a way that enables physicians to contribute their skills in a targeted manner.

#### *On supporting inclusion in healthcare systems*

- Fully integrating asylum seekers into established health systems could prevent unnecessary administrative costs and delay in medical treatment. Refugee care should involve prevention and include a comprehensive initial examination, as well as the administration of all essential vaccinations, in accordance with up-to-date recommendations, and subject to the patient's consent.
- All efforts should be made to reduce communication barriers between patient and physician, such as ensuring funding for good quality independent interpreters. In addition, health promotion activities e.g. aimed at promoting vaccination and overcoming vaccine hesitancy should be mindful of refugees as one of the groups requiring communication tailored to socio-cultural needs.
- There should also be policy guidance on how to deal with the fragmentation of refugees' care and medical records, e.g. on vaccinations, caused by their frequent relocations. Resources such as the electronic Personal Health Record (e-PHR) and Handbook for Health Professionals developed jointly by the International Organisation for Migration and the European Commission could be considered as a possible solution.

#### *On targeted support to specific groups*

- Responding to refugee women's health needs in a culturally sensitive way requires particular attention and training for health professionals.
- An increasing number of refugees fall under the category of unaccompanied minors. Physical examinations must be carried out by a qualified paediatric physician wherever necessary in accordance with the highest medical ethical standards. Medical age assessment is ethically problematic. In cases where medical age assessment is unavoidable, the health and safety of the young refugee must be the highest priority. Any examination should take into consideration possible traumatic experiences and cultural or religious sensitivities of each individual person. For age assessment, the use of ionising radiation or other potentially harmful investigation, such as genital examination, is unethical.

#### *On support for integration*

- Action is also required beyond the healthcare sector to improve crucial determinants of health. These begin with the reception and asylum process. Living conditions in reception centres/camps, as well as housing conditions for settled refugees must be safe especially for vulnerable groups such as women and children.
- There is a need for action to promote integration and combat racism. One important way to do this is to ensure better access to work and professional training for refugees.



- As established in long-standing CPME policy on the [Integration of Refugee Doctors into the European Workforce](#), refugee doctors are a valuable potential resource; they are motivated professionals who want to contribute to the country that has given them shelter rather than depend on it. Furthermore, they are our colleagues who have lost all but their medical expertise and knowledge.
- Within the boundaries of their competences and available resources, National Medical Associations are encouraged to promote refugee doctors' access to the recognition of professional qualifications and licensing procedures to re-gain the right to practise medicine as long as their basic training meets the requirements of the Professional Qualifications Directive 2005/36/EC. In this, it is recommended to take into account possible specificities in these doctors' situation, such as adapting administrative procedures to accommodate loss of papers. In no instance however may such specific procedures endanger patient safety. It is therefore necessary to ensure requirements as to authenticity of qualifications, the level of medical skills and competences, language knowledge, and good standing are upheld for refugee doctors on equal terms.
- Beyond these administrative processes, CPME has called upon the National Medical Associations to facilitate the development of programmes that support the integration of refugee doctors into the profession. This may include the invitation to refugee doctors to become a member. In addition, NMAs can encourage the implementation of good practices including the creation of mentorship programmes.